GLENWOOD AND WOODWARD RESOURCE CENTERS
ANNUAL REPORT OF BARRIERS TO INTEGRATION

Calendar Year 2013

Introduction

Purpose of this report:

The Department of Justice settlement with the state Resource Centers (RCs) in November 2004 includes an agreement that the major barriers to each individual's move to the most integrated setting will be identified. The information is to be collected, aggregated, and analyzed. Annually the information is to be used to produce a comprehensive assessment of barriers that is provided to the Mental Health and Disability Services Commission and other appropriate agencies. Per the settlement, "If this information indicates action that the State can take to overcome barriers, taking into account the statutory authority of the State, the resources available to the State and the needs of others with mental disabilities, a plan will be developed by the State and appropriate steps taken."

Subject of this report:

This report contains data about the identified barriers of all persons residing in the Resource Centers' Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDs) programs as of December 31, 2013 and who have been identified as having at least one barrier to moving from the campus to a community setting. The data, analysis, and actions are for Glenwood Resource Center (GRC) and Woodward Resource Center (WRC) combined.

Number of Individuals Residing at Resource Center ICF/IDs
(December 31, 2013)

	Adults	**Under Age 18**
GRC	251	6
WRC	164	4
Total	415	10

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Definition of barrier:

Barriers are defined as "what prevents an individual from living in the community." Barriers include necessary services and supports that are believed to not be available or difficult to find in the individuals' community of choice and concerns of the individual, guardian or legal representative regarding returning to their community of choice with supports provided by local agencies.

Barrier Data and Discussion

Major Barrier Prevalence

(A person may, and often does, experience more than one barrier category)

Barrier	Definition	Under Age 18 %	Age 18 and Over %
Interfering behavior makes it difficult to ensure safety for self and/or others	The person has significant interfering behavior that requires supports for a person's safety or the safety of others. Interfering behaviors most commonly included in this category are aggression toward housemates, co-workers or staff, self-injurious behaviors, unhealthy obsessions (Pica, water intoxication, etc.), leaving the home or work area without notifying staff if unsupervised time creates a risk of harm to self or others, sexual offending behavior or sexual assault, over-familiarity or sexual promiscuity that could lead to victimization, and fire-setting.	80%	83%
Under-developed social skills	The ability to practice what community members commonly consider appropriate social skills is significantly impaired and affects the person's housing, jobs, support staff, or housemates. Examples include extreme screaming, repeated verbal threats that result in concerns about safety for others, multiple unfounded accusations against staff, repeatedly invading personal space, inappropriate touch, loud or rude behavior that disrupts housemates' sleep or ability to interact with others.	60%	25%

Barrier	Definition	Under Age 18 %	Age 18 and Over %
Health and safety	The person has multiple, severe, and/or sensitive health concerns that contribute to very fragile health and complex health care needs. The person may be unable to verbally report symptoms or accurately identify and request assistance with symptoms that could indicate that their health is at risk. The person may require specialized medical treatment and/or monitoring that is not readily available in the area of choice or the level of care they would prefer (e.g. assistance with monitoring and administering injections for diabetes, fast and frequent access to monitoring/adjustment of adaptive equipment).	10%	30%
Day programming or vocational opportunities	Unable to find employment or meaningful day activity that meets the persons' needs. Examples include work or activities available may be repetitive and simple and do not provide meaning or interest to the person, level of supervision needed is not available, unable to accommodate individualized work setting needs (e.g. personal space, lower noise and visual stimuli level, increase structure), jobs in competitive employment are scarce, earning is important to the person and paid work is not consistently available, support for an interfering behavior is not available, person needs higher intensity of job coaching.	10%	9%
Individual, family or guardian reluctance	Individual, family and guardian reluctance to moving from RC environment to community supports. Examples of concerns cited are community providers' ability to provide the level of support necessary for success, lack of a safety net when support needs become more intense, family member has lived in the RC setting for many years and considers it to be their home, difficult adjustment to change, community ability to provide the medical support and consistency of care as provided at the RC.	10%	68%

Discussion

Category: Safety due to Interfering Behavior

This includes safety of the individual, as in areas of self-injury, leaving the home or work area without notifying staff if unsupervised time creates a risk of harm, behavior toward others that invites others to cause harm to the individual, or lack of understanding of situations that place the individual at risk. A second, but equally important concern is safety of others, such as situations involving aggression, sexual assault, or fire-setting. The cost and ability to hire and maintain staff and training to provide these supports at the frequency,

consistency, or level of need for the individuals served in the RCs often can be a challenge for community providers. To be included in this category, interfering behavior(s) have been determined to currently be at a level of frequency or intensity that the supports needed are greater than are commonly offered by community providers. The percentage of people experiencing this barrier has increased from 59% of adults in 2012 to 83% in 2013.

Category: Underdeveloped Social Skills
This area has to do with a need for further social skill development. Disruptive behavior is at a level of intensity that people around the person are unwilling or unable to tolerate living, working or socializing with the individual, making it very difficult to find housing, jobs, and staff support. Housemates may not have the opportunity participate in activities because this person has to be removed from social events, the provider may have difficulty maintaining consistent staff due to burn out or repeated threats and accusations, staff may have difficulty supporting others in the setting because of the intensity of need of this person. The number of people experiencing this barrier decreased from 35% of adults in 2012 to 25% in 2013.

Category: Health
This category has to do with individuals with significant medical needs. Barriers tend to be grouped into two specific areas. Often these individuals are older and are medically fragile; they frequently experience communication difficulties and rely on staff who knows them well enough to understand non-verbal signals and recognize signs of discomfort or medical need. Health is fragile enough that without staff ability to quickly recognize early and subtle signs of illness, the persons' health would be compromised. The other area is the need for quick access to adjustment and repairs for adaptive equipment (lifts, wheelchairs, bath carts, etc.) and the supports provided by quick access to professionals available at the RCs (doctors, nurses, physical, occupational and speech therapists on grounds or on call) make it difficult for many guardians to consider a move to a setting where those resources may not be as readily available. The number of people experiencing this barrier remained the same with 30% of adults in 2011, 2012, and 2013.

Category: Day Program/Vocational Setting
Often, when a person is transitioning to the community, the focus is on securing suitable housing, compatible housemates and skilled staff. Structuring the individual's day, although recognized by all as important, sometimes becomes a secondary priority. Day programming is key to success for many people, whether employment related or in a structured activity setting. Meaningful day activity may be important for self-esteem, social, earning, and structure of the day. Lack of meaningful activity often leads to difficulty with interfering behaviors. The number of people experiencing this barrier continues to be underreported in the barrier data and is currently reported at 9% of adults.

Category: Family/Guardian Reluctance
For many of the older individuals living in the Resource Centers, families have indicated that this has been their home for many years, and have expressed concern that a move would cause significant stress and loss for the person. For others, the move to the RC occurred following multiple discharges from community providers' services. Family members often react emotionally when approached about transitions to community services; they talk about

their fears that a move to a community setting may not last, that their loved one will experience a long-term hospitalization due to a lack of community services to meet their support needs or that family members will be required to provide a home and care without enough support available to them. Family members express concern that the health of their loved one will be in jeopardy without the health care services at the RC and the trained, long term staff who know the person well and can identify early signs of a health concern. The number of people experiencing this barrier has increased from 61% of adults in 2012 to 68% in 2013.

County Preference by Age Range & Gender

While some individuals have specified counties, cities and even neighborhoods where they would prefer to live, the people served at RCs have often searched for support options in those areas without success prior to their move to the RC. Many have indicated that they would consider options near, rather than in, their chosen area, in order to move more quickly back to the community setting. See Appendix A for map of regions.

REGION	AGE RANGE	MALE	FEMALE	Total
Central Iowa	Under 18	2		2
	18 to 25	4	2	6
	26 to 40	25	4	29
	41 to 65	22	16	38
	Over 65	5	3	8
East Central Iowa	Under 18	1	1	2
	18 to 25	4	2	6
	26 to 40	8	1	9
	41 to 65	5	4	9
	Over 65	2		2
North Central Iowa	Under 18			
	18 to 25	1		1
	26 to 40	5	2	7
	41 to 65	6	3	9
	Over 65		1	1
Northwest Iowa	Under 18			
	18 to 25	1		1
	26 to 40	3		3
	41 to 65	2	1	3
	Over 65		1	1
Northeast Iowa	Under 18			
	18 to 25	4	1	5
	26 to 40	6		6
	41 to 65	5	4	9
	Over 65	3	1	4

REGION	AGE RANGE	MALE	FEMALE	Total
South Central Iowa	Under 18	1	1	2
	18 to 25			
	26 to 40	1	1	2
	41 to 65	1		1
	Over 65			
Southeast Iowa	Under 18			
	18 to 25	2		2
	26 to 40	1		1
	41 to 65	2		2
	Over 65			
Southwest Iowa	Under 18			
	18 to 25	3	2	5
	26 to 40	4	7	11
	41 to 65	12	3	15
	Over 65			
West Central Iowa	Under 18		1	1
	18 to 25	1		1
	26 to 40	1		1
	41 to 65	2	1	3
	Over 65		1	1
Out of State	Under 18			
	18 to 25			
	26 to 40	1		1
	41 to 65	5		5
	Over 65			
Whole State	Under 18			
	18 to 25	2		2
	26 to 40	1		1
	41 to 65	5		5
	Over 65			
No Preference identified	Under 18	2		2
	18 to 25	12	1	13
	26 to 40	15	4	19
	41 to 65	97	39	136
	Over 65	25	7	32

Actions this Reporting Period

Overall

- RC Superintendents were active participants in Iowa's mental health and disability service system redesign efforts to improve access to services and supports.
- Both RCs continue requesting guardian permission and making a referral to Money Follows the Person (MFP) grant services at or prior to a person's admission to the RC for assignment of a Transition Specialist.
- WRC started estimating length of stay at the time of admission

Interfering Behavior and Underdeveloped Social Skills

- Continued therapy and counseling support services at the RCs. Groups include social skills, Dialectical Behavior Therapy (DBT), mindfulness, human sexuality, sex offender, victim support, anger management, positive life skills, intimacy and relationships, interpersonal communication skills, problem solving, and social boundaries. Individual therapy is also provided.
- GRC continued the use of the trauma screening tool to ensure that all mental health needs are being covered for the persons in residence.
- RCs continued to provide DBT skills groups as well as continuing use of the DBT structure for individual counseling. RC staffs continue to develop curriculum for the program.
- WRC continued providing a full day of DBT training for all new staff at orientation, and continues to offer this training as needed to individual team members.
- Continued offering consultation and training to providers regarding people who do not live at the RCs. This expands provider skills, which may increase their ability to eventually support individuals moving from the Resource Centers. At WRC, efforts included the I-TABS program (Iowa Technical Assistance and Behavior Support program) which provided on-site peer review to support 38 stakeholders and training to 1114 people. Training topics included Autism, Autism and Sexuality, Strategies to Minimize Length and Frequency of Hospitalizations, Mindfulness and Other Non Pharmacological Interventions, Private Events, Behavior Analytic Strategies, Why People Hurt Themselves and Reducing Aggression: The Power of Reinforcement, Strategies for Aggression, Behavioral Resources for Intensive Care Managers, Attention Deficit Hyperactivity Disorder, Schizophrenia, The ABCs of Behavior, Dementia, Behavior Analysis Certification, DBT and ID and Behavior Support Plans.
- Agencies, both residential and vocational, continued to receive training as part of individuals' transitioning to their services. Topics included such things as individual routines, communication techniques, behavioral support plans, anticipated adjustment behavior, sex offender services, DBT, and autism. Training involved agency staff spending time at WRC and GRC shadowing RC staff, RC staff spending time at the agency prior to move, day of move, and some overnights following move. RC staff also accompanied individuals to their new jobs, and assisted vocational staff as they helped the person adjust to new tasks and environments. A variety of staff

were involved in providing the training such as direct support staff, supervisors, treatment program managers, psychologists, psychology assistants, physical nutritional management specialists, vocational staff, and social workers. Follow-up training was provided as needed during the transition period.

- The WRC Autism Resource Team provided training to community providers and pharmacy interns.
- WRC continues to provide services to individuals on campus in the area of sexual offending behavior through the APPLE team which includes staff trained by the Iowa Board for the Treatment of Sex Abusers. Sex Offender Services groups are held weekly.
- The APPLE team continued providing consultation and training to community providers regarding people they are serving in the community at this time.

Family/Person Reluctance

- WRC continued sending the guardians/families information about MFP and a provider list from the person's area of choice with the invitation to the person's annual review.
- Continued to involve RC staff beyond social workers in visits with providers and follow-up visits to increase staff's comfort level with moves which in turn may increase confidence of families and individuals living at the RCs that community services can be successful in supporting an individual.
- Continued to encourage and assist people to identify a preferred area of the state to live in so we can provide more detailed information about services available in that area, develop relationships with providers and Central Point of Coordination (CPC) administrators and educate them on the support needs of the individuals.
- Continued inviting families to visit providers with us
- Stories about people who have successfully moved continue to be shared in the family newsletter and the staff newsletter at WRC and in GRC's Hill Topic.
- Continued to encourage new providers or expanding providers to develop services in areas identified by families as needed
- RC interdisciplinary teams continued efforts to obtain more specific information from guardians and individuals reluctant to move about why they are reluctant and to address those concerns.
- Both RCs continue to work with MFP in the statewide stakeholder's workgroup. Monthly conference calls that include RCs, Iowa Medicaid Enterprise and MFP supervisor continue to smooth some areas of the transition for people who are leaving the RCs.
- WRC continues to participate in some of the monthly Polk County Health Services provider meetings to share information about people interested in moving from WRC to the Polk County area. Information regarding provider services and individuals seeking housemates is brought back and shared with WRC social workers. De-

identified information describing the needs and interests of persons living at WRC is shared with providers to assist in finding the right match.

- WRC continues to participate in quarterly meetings with Story County providers to learn about possible living arrangements for persons interested in moving to the Story County area. De-identified information is provided to assist in matching people living at WRC with possible roommates and provider agencies.
- Social workers continue to familiarize themselves with the services and supports available across the state through visits to providers and providers meeting with the social work department on campus. Information about services available are shared with families/guardians as providers are identified who may be able to meet the needs of each individual.

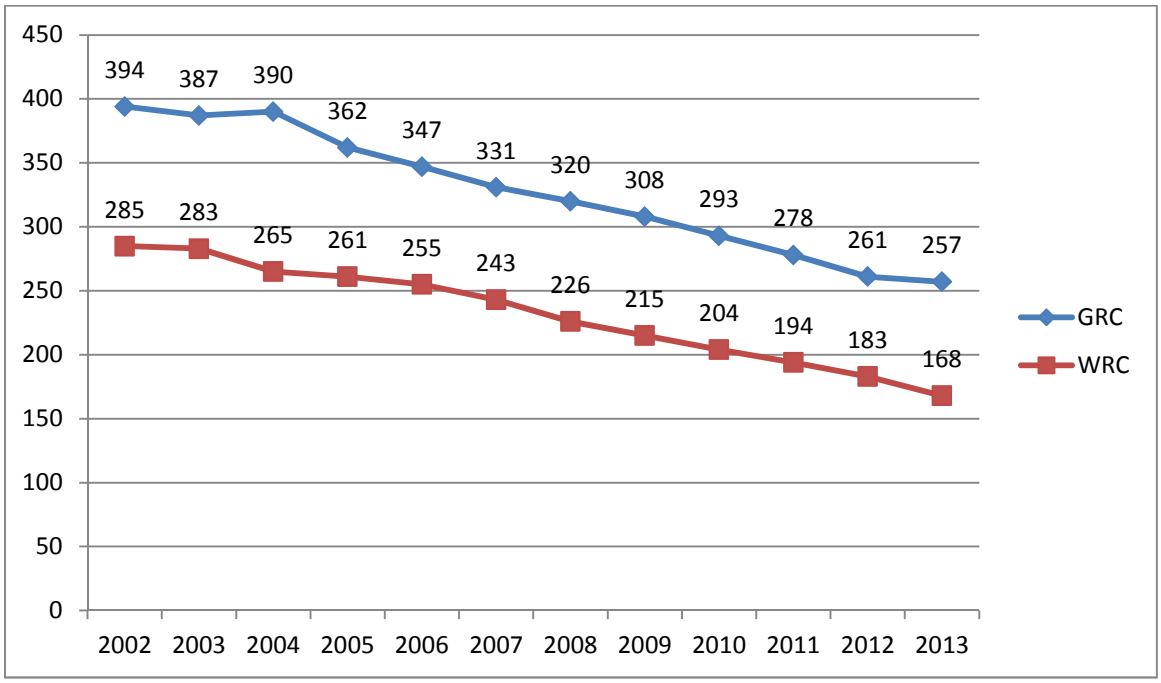
Health

- Increased our knowledge of community providers' ability to provide health supports
- Increased our awareness of providers who offer accessible housing and transportation via visits to providers, provider visits to campus

Vocational

- Worked with the vocational specialist with the MFP grant
- Community providers have toured the RC's to see how vocational services are being provided.
- Community providers have toured GRC's LIFE Center, a day programming site for individuals who are unable to work.

Census Reduction



The census of the RCs has decreased as people have successfully moved to services with community providers. For a number of years, the RCs have had a specific census reduction goal and have accomplished this through helping people secure services with community providers and helping prevent the need for people to move in.

The RCs are committed to continuing to help people move to and stay in the communities of their choice. Some of the actions taken to accomplish this include:

- Educating others about the RCs' shift in role to shorter rather than long term residential services.
- An RC admission inquiry process that focuses on preventing the need for admission
- Treatment focus on the specific reasons the community providers are unable to support the person.
- Changing practices at the RCs to be more similar to what people experience living in the community.

The RCs place an emphasis on ensuring that people are moving with the appropriate services and supports to meet their needs and the moves can therefore be successful. The transition process includes:

- Comprehensive functional assessment to ensure essential supports for health and safety are identified

- A written transition plan developed by the IDT including the person, family/guardian, community provider(s), and case manager and includes a crisis plan.
- An individualized physical transition process that includes the person having visits from the provider staff and making visits to their new home before the move.
- Training of provider staff by the RC staff.
- Follow-up by the RC staff after the move.
- Inclusion of the case manager throughout the planning and move process and transfer of oversight to the case manager for follow-up after discharge from the RC

APPENDIX A

AREA OF CHOICE-MAP OF REGIONS